

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

IS THIS AN AMENDMENT?

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

☐ Yes No

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

| 1. Full Name of Committee (as on Statement of Organization) | | | | | | | |
|---|--|--|-------------------|--|--|--|--|
| Cordray Campaign Committee | | | | | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee 7 | Telephone Number | 1/0 | | | | |
| | (2l/)i | - , , | // U | | | | |
| 4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address (**Cle***) | | | | | | | |
| 5. City, State, ZIP Code Albana, Hed 33 | 6. Party Affiliat | Affiliation (if applicable) | | | | | |
| CANDIDATE INFORMATION (For Candidate's C | Charles and the Control of the Contr | and the last one of the same o | | | | | |
| 7. Full Name of Candidate (include any nickname) | 医克里氏性多种多种 化生物多生物 化去克尔特 | ion or If Independen | t Candidate | | | | |
| Diana L. Cordray | 1 / 3 | epublican | | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | + | inty of Residence | | | | | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | Nano | IMON | | | | | |
| TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY | | | | |
| 11. Check one: | | Check one: | | | | | |
| Pre-Primary Pre-Election Annual Nomination Other | | _ Pre-Conv | ention | | | | |
| Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization) | | | | | | | |
| 12. Reporting Period: | | COLUMN A | COLUMN B | | | | |
| From: 10/10/15 Through: 12/31/15 | | This Period | Year to Date | | | | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | <i>O-</i> | | | | | |
| 14. Cash on hand and investments January 1, current year. | | | | | | | |
| CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | | | | | | |
| 15a. Itemized (use Schedule A) | | ^ - | 5 O - | | | | |
| 15b. Unitemized | | 5- | | | | | |
| 15c. Add lines 15a and 15b in both columns SUBT | OTAL | 0- 1 | -0-1 | | | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | OTAL | 0- | | | | | |
| EXPENDITURES | | | | | | | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 3 | 255.10 | 3255.10 | | | | |
| 17b. Unitemized | | -0- | -6- | | | | |
| 17c, Add lines 17a and 17b in both columns SUB | TOTAL 3 | 255.10 | 3255,10 | | | | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL - | 0- | -0- | | | | |
| 19. Debts OWED BY the committee (use Schedule D) | | 0- | | | | | |
| 20. Debts OWED TO the committee (use Schedule E) | | 0- | | | | | |

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. Date REASULER Janly 2016

or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly erson who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY 9102

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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | FIL | E NUM | BER | |
|--------|-------|-------|-----|--|
| Page . | / | of _ | 2 | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. Dan byter | Contributions: Direct | | | 522415 |
| THE DIAN TOMAKY | In-Kind (describe) | \$000 In | 80 nc 10 | |
| " The Briain Poindexter for Judge Committee POBOX SIS Carmel, IN 46082 | | #3,255,10 | 3,00,10 | Jedge 1 |
| 1 PO Box SIS' | Other Receipts: | | | 70007 |
| Cannol 71) 410082 | ☐ Interest ☐ Loan ☐ Misc. (specify) | | , | |
| Cathiot Jaro 1 ac 30 | | | | |
| 2. | Contributions: | | | |
| | Direct | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | ☐ Interest ☐ Loan | | | |
| | Misc. (specify) | | | |
| | | | | |
| 3. | Contributions: Direct | | | |
| | n-Kind (describe) | : | | |
| | | | | |
| | Other Receipts: | | | |
| | ☐ Misc. (specify) | | | |
| | | | - | |
| 4. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Misc. (specify) | | | |
| | | | | |
| 5. | Contributions: | | | |
| | ☐ Direct☐ In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Interest Loan Misc. (specify) | | | |
| | INISO (Specify) | Sone 10 | | |
| QUIDTOTAL | THE DAOF OF COMEDING A | 1320210 | | |
| TOTAL OF ALL PAGES OF SCHEDULE | THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY |) -0.00 | | |
| | M 15a of the Summary Sheet) | \$ 3255,10 | | |